

S. No. 2
M-8-43
7-5-17-39
9-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29852

State File No. _____

FILED OCT 8 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4025

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 GARFIELD AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 25 Days
(Specify whether _____)
In this community 36 YEARS
(years, months or days)

3. (a) PRINT FULL NAME WILLIAM R. RANDOLPH
(b) If veteran, name war NO
(c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife LULA B. RANDOLPH
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 1 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 27
If less than one day hr. _____ min. _____

9. Birthplace UNKNOWN PENN.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business RETIRED

12. Name WASHINGTON WILSON RANDOLPH

13. Birthplace NO RECORD PENN.
(City, town, or county) (State or foreign country)

14. Maiden name MARY MILLER

15. Birthplace NO RECORD PENN.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. WAHNETA R. ELLIOTT

(b) Address 216 S. HARDY FAIRMOUNT STA. K. C. MO.

17. (a) REMOVAL (b) Date thereof 9-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AVALON MISSOURI

18. (a) Signature of funeral director Henry W. Stahl

(b) Address 815 W. MAPLE AVE. INDEPENDENCE, MO.

19. (a) 9-29-45 (b) D. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town RURAL "BLUE"
(If outside city or town limits, write "RURAL")
(d) Street No. 216 S. HARDY FAIRMOUNT STA. K. C. MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 28
year 1945 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 1942 to Sept 28, 1945.
that I last saw him alive on Sept 27, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral sclerosis
Terminal Bronchial pneumonia
Due to Syphilis
General paresis.

Duration
3 yrs.
9-27-45

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death) 30 15

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature George W. Park (M. D. or other) _____
Address 11037 Wilshire Rd. Ind. Mo. Date signed 9-28-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry W. Stahl
Licensed Embalmer No. 3181
P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.